

Amdt. dated March 8, 2004
Reply to Office action April 20, 2004

Serial No. 09/513,859
Docket No. SJO000031US1
Firm No. 0035.0001

REMARKS/ARGUMENTS

Claims 1, 3-17, 19-31, and 33-36 are pending in the application. Claims 1, 5, 11, 17, 25, and 31, have been amended. Reconsideration is respectfully requested. Applicants submit that the pending claims 1, 3-17, 19-31, and 33-36 are patentable over the art of record and allowance is respectfully requested of claims 1, 3-17, 19-31, and 33-36.

In paragraph 6, the Office Action rejects claims 1, 3-17, 19-31, and 33-36 under 35 U.S.C. §103(a) as being unpatentable over Lavin et al. (U.S. Patent No. 5,772,585) in view of Brown (U.S. Patent No. 6,032,119). Applicants traverse these rejections for the following reasons.

Claim 1 describes generating one electronic patient data structure consisting of patient identification information, patient biographical information, medical history information including medical event information, medication schedule information, appointment schedule information, and log information (e.g., see Applicants' Specification page 5, line 22-page 7 line20 and FIGs. 2-3); electronically transmitting the patient data structure between a physician computer and a portable patient device, wherein the patient data structure is capable of being modified; and displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views consist of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer, and wherein direct selection of one of the selectable views results in that selected view being displayed independently of the other selectable views (e.g., see Applicants' Specification, page 8, line 3-page 10, line2 and FIG. 3).

Applicants respectfully submit that neither the Lavin patent, nor the Brown patent, either alone or together teaches or suggests the subject matter of amended claim 1.

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The Office Action cites Col. 6, lines 58-67-Col. 7, lines 13-67 as describing generating one electronic patient data structure consisting of patient identification information, patient biographical information, medical history information including medical event information, medication schedule information, appointment schedule information, and log information. The cited portion of the Lavin patent describes FIGs. 6-10, which further describe various screens such as a physician scheduling screen (FIG. 6). Different screens are associated with different patient data structures, for example, the patient information associated with data entry screens of FIGs. 7-9 are associated with the Patient Information table, while the screens for entering patient medical background information are associated with other database tables. By the use of various data structures (i.e., different tables), the Lavin patent teaches away from generating one electronic patient data structure as claimed.

Additionally, the Examiner interprets a patient's file as a form of log information (Col. 9, lines 1-18). On the other hand, Applicants' specification defines a log as storing additions, deletions or modifications to any field or sub-record of patient information (e.g., Specification, pag 7, lines 4-20). When the claims are read in light of the Specification, it is clear that a log is not equivalent to a patient's file.

The Office Action cites Col. 6, lines 8-67; Col. 7, lines 12-67-Col. 8, line 67; Col. 14, lines 48-67-Col. 15, line 46) as describing displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views consist of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer, and wherein direct selection of one of the selectable views results in that selected view being displayed independently of the other selectable views. The Lavin patent describes a main menu with an appointment button, a patient information button, a clinical button, a reports button, and a utilities button (Col. 5, lines 47-50; FIG. 2). The Lavin patent does not teach or suggest the claimed display of a main menu allowing selection of a

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patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, wherein direct selection of one of the selectable views results in that selected view being displayed independently of the other selectable views. For example, in the Lavin patent, to access history information, selection of a patient information button is selected (FIG. 2), and then a view with a history tab is provided (FIG. 11). The provided view in FIG. 11 includes tabs for other information, such as the patient tab. On the other hand, with the claimed invention, medical history is accessed directly by selecting the medical history view available from the main menu and is displayed independently of other selectable views (e.g., in FIG. 3, selection of the medical history view displays view 44 independently of the patient bio view 42). Thus, the Lavin patent teaches away from the subject matter of claim 1.

Also, the cited portion of the Lavin patent (at Col. 6, lines 8-67; Col. 7, lines 12-67 - Col. 8, line 67; Col. 14, lines 48-67 to Col. 15, line 46) describes an appointment screen in FIG. 4, a patient selection screen in FIG. 5, an appointment scheduling routine in FIG. 6, patient screens in FIGs. 7-9, screens for entering patient medical background information in FIGs. 10-11, a vital statistic entry screen in FIG. 12, and relationships among tables/screens in FIGs. 22, 23, and 24. Again, this description does not teach or suggest display of a main menu allowing selection of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view.

Additionally, in the Brown patent, FIGs. 5A - 5G are schematic depictions of screen shots. (Col. 6, lines 19-21) The Brown patent describes that the display comprises several sections: a body image section, a log book section, a blood glucose center section, a feedback section, and a mail center section. (Col. 6, lines 46-51) In the Office Action, the Examiner submits that the Brown patent's description of the body image (FIG. 4-B), the blood glucose center (FIG. 4-C), logbook (FIG. 4-D), mail center (FIG. 4-E), Health Avatar (FIG. 5-A), and log book functions (FIG. 5-B) teaches the claimed invention. Applicants' traverse. For example, the claimed invention allows a user to access an appointment schedule view from the main menu. On the other hand, the Brown patent requires selection of a log book in order to be able to access

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the appointment schedule view. This teaches away from Applicants' claimed invention. Also, to obtain historical information on a body part, that body part is selected (FIG. 5F), and then a history button is selected (FIG. 5F). Again, this teaches away from displaying a medical history view in the main menu of selectable views. That is, with the claimed invention, medical history is accessed directly by selecting the medical history view available from the main menu. Thus, the Brown patent does not teach or suggest the claimed display of a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view. Instead, the Brown patent teaches away from the subject matter of claim 1.

Even if combined, the Lavin patent and the Brown patent do not teach or suggest the subject matter of claim 1. For example, the Lavin patent describes a main menu with an appointment button, a patient information button, a clinical button, a reports button, and a utilities button, while the Brown patent describes display of a body image section, a log book section, a blood glucose center section, a feedback section, and a mail center section. Even if combined, the result of combining the Lavin and Brown patents would be a main menu with *an appointment button, a patient information button, a clinical button, a reports button, a utilities button, a body image section, a log book section, a blood glucose center section, a feedback section, and a mail center section*. Applicants' claimed main menu allows selection of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, wherein direct selection of one of the selectable views results in that selected view being displayed independently of the other selectable views.

Independent claims 11, 17, 25, and 31 are not taught or suggested by the Lavin or Brown patents, either alone or in combination for at least the same reasons as were discussed with respect to claim 1.

Dependent claims 3, 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 incorporate the language of independent claims 1, 11, 17, 25, and 31, respectively, and add additional novel elements. Therefore, dependent claims 3, 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 are not

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taught or suggested by the Lavin or Brown patents, either alone or in combination for at least the same reasons as were discussed with respect to independent claims 1, 11, 17, or 31.

For example, claims 3, 19, and 33 describe indicating, with the portable patient device, that one scheduled patient medication shown in the patient medication schedule view was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record and storing the indication that the patient took the scheduled patient medication in the patient data structure in the portable computing device. The Office Action cites the Lavin patent at Col. 6, lines 58-67 - Col. 8, lines 39-67 as describing these elements. The cited portion of the Lavin patent describes a physician scheduling screen that provides a user with the ability to view and alter physician availability (Col. 6, lines 60-62; FIG. 6) and patient information screens (FIGs. 7-11). Viewing physician availability is not equivalent to the claimed viewing of a calendar display of a medication schedule and storing an indication that a scheduled patient medication was taken.

Claims 4, 20, and 34 describe setting an alarm to activate to provide an alert of one scheduled patient medication or appointment, wherein the alarm is set by a patient for whom the alert is scheduled and who is using the patient portable device. The Examiner appears to indicate that the allergy alert screen is equivalent to setting an alarm to activate to provide an alert of a scheduled patient medication or appointment. Applicants traverse. The Lavin patent describes at Col. 14, lines 1-2 an allergy alert screen. An allergy alert screen that alerts the physician of potential or known allergies (Col. 13, lines 65-67- Col. 14, line 1) does not teach or suggest an alarm set by a patient to provide an alert for taking scheduled medication or for an appointment. Also, the Office Action cites Col. 10, lines 12-67 of the Lavin patent as describing that the alarm is set by a patient for whom the alert is scheduled and who is using the patient portable device. The Lavin patent states that the physician may review allergies and that the information is entered by the health care professional or nurse during the patient's initial consultation with the

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nurse (Col. 9, lines 61-Col. 10, line 3). This teaches away from the claimed setting of the alarm by the patient for whom the alert is scheduled and who is using the patient device.

Claims 5, 13, 21, 27, and 35 describe generating log information indicating modifications to information in the patient data structure and that the log information is read-only and once generated cannot be altered. The Office Action indicates that the patient's file is a form of log information. First, Applicants' submit that a patient file is not equivalent to the claimed log information. Second, if the patient's file is a form of log information, since the Lavin patent describes the patient file as being altered, the patient file is not read-only, and the Lavin patent teaches away from the claimed subject matter.

Also, the Office Action cites Col. 10, lines 50-67 of the Lavin patent as describing that the log information is read-only. The cited portion of the Lavin patent describes display-only screens and recording of progress notes, neither of which are equivalent to read-only log information. For example, the display-only screens provide patient information, rather than log information, which is described as modifications to information in the patient data structure. Also, physician notes are not equivalent to modifications to information in the patient data structure. Since the physician is recording notes, it would be expected that the physician may modify the notes (e.g., to correct typos), which would teach away from log information that is read-only and once generated cannot be altered. Also the Brown patent describes a logbook that may be modified (Col. 6, lines 37-40).

Claims 6, 14, and 28 describe adding, with the physician computer, one of appointment and medication events to the patient data structure, wherein one appointment event indicates a scheduled medical related visit and one medication event indicates a drug prescription, wherein the drug prescription is digitally signed with a physician public key so that a pharmacist may authenticate an electronic prescription and transmitting the modified patient data structure to the patient device. The Office Action cites Col. 13, lines 60-67-Col. 14 line 67-Col. 15, line 42) as

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describing adding the events and wherein the drug prescription is digitally signed with a physician public key. The Lavin patent describes a digitized physician signature (Col. 14, lines 18-21), but does not describe a physician public key. Also, the physician either prints out or faxes the prescription, which teaches away from use of a drug prescription that is digitally signed with a physician public key so that a pharmacist may authenticate an electronic prescription and transmitting the modified patient data structure to the patient device. With a print out or fax, a physician in the Lavin patent does not receive a claimed electronic prescription and, therefore, could not authenticate the claimed electronic prescription.

Claims 8, 15, 19, and 29 describe storing, with the physician computer, patient data structures for multiple patients; displaying, at the physician computer, an interactive schedule of patient appointments from the appointment schedule view maintained in the patient data structures, wherein appointment events are added to one patient data structure through the displayed interactive schedule of patient appointments, and wherein the displayed interactive schedule of patient appointments displays scheduled appointments for all patient records. The Lavin patent at cited Col. 6, lines 7-67 describes retrieving a patient's name, along with information associated with that patient; describes an appointment screen to view appointment slots by physician or location; a patient selection screen for access to that patient's information; and, a physician scheduling screen. That is, the Lavin patent provides access to a single patient's information at a time or to schedules of physicians. The Lavin patent does not provide an interactive schedule of patient appointments from the appointment schedule view maintained in the patient data structures, wherein appointment events are added to one patient data structure through the displayed interactive schedule of patient appointments, and wherein the displayed interactive schedule of patient appointments displays scheduled appointments for all patient records. Additionally, the Brown patent describes access to an individual's data via a Health Avatar (TM) (FIG. 5-A). Therefore, the combination of the Lavin and Brown patent teach access

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to a single patient's information and do not teach or suggest the subject matter of claims 8, 15, 19, and 29.

Conclusion

For all the above reasons, Applicants submit that the pending claims 1, 3-17, 19-31, and 33-36 are patentable over the art of record. Applicants have not added any claims. Nonetheless, should any additional fees be required, please charge Deposit Account No. 09-0466.

The attorney of record invites the Examiner to contact her at (310) 553-7973 if the Examiner believes such contact would advance the prosecution of the case.

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